

# **Commission for Health Advocacy and Equity**

## **Meeting Notes**

**Date: July 15, 2015**

**Time: 3:00 pm -5:00 pm**

**Location: Lifespan Community Health Services (Prairie Av.)**

*“Making strides to address health equity and the elimination of health disparities in Rhode Island”*

Members and guests present: Members: Co-chair Tanya Dailey MD; Co-chair Julie Rawlings; Heriberto Gonzalez; Yvonne Heredia, RN, MS, PhD (Alternate Jacqueline Fermin was also present); Gloria Hincapie; Marcus Mitchell; Taino Palermo; Kavita Patel; Ulli K. Ryder, PhD.; Reginald Tucker-Seeley, ScD; Raymond Watson; Kenya Fullen; Nancy Perez (attended in place of Azade Perin-Monterroso). Ex-Officio: Aletha Dickerson, MS; Barbara Morin; Kathryn Enright Guests: Nicole Alexander-Scott, MD; Angela Ankoma; Adderlin Tavares; Anisha Gill; Annajane Yolken; Cheryl LeClair (representing David Heckman); Perry Gast; Becky Casey; Valerie Almeida- Monroe; Damaris Rosales; Susan Jacobsen; Seema Dixit;

Members and Ex-Officios unable to attend: Omar Bah, MPA; Michael Nina; Georginia Sarpong; Deborah Perry; Lanette Baker, RN; Aradhana Mehta; Ex- Officios: Steven Florio MS; Bernie Frezza; Philip Less, PhD.; Donna Murray; Jared Rhodes; Chelsea Siefert, MCP; Jim Vincent

### **I) Call to Order**

Meeting called to order by Commission Chair, Tanya Dailey

### **II) May 20, 2015, Meeting Minutes Approval**

Meeting minutes approved

### **III) Comments on Agenda**

No comments

### **IV) Updates from Co-Chairs**

- Strategic Planning for Commission Updates from June 3<sup>rd</sup>, 2015 was informative. It gave the commission a clear direction of where they are and the direction of where they want to go.
- Tanya Dailey and Julie Rawlings wanted to talk about having a quorum and the importance of an alternate to the full Commission meetings. The Alternate is always welcomed and is encouraged to attend every meeting.
- Everyone should be assigned to a subcommittee meeting. We talked about the bylaws in the Strategic Planning Meeting. If someone has 3 absences will cause someone to be discontinued. We will have letters sent with warnings. If another one is missed you will be excused.
- Tanya commented that the Commission talked about becoming more involved with the Ex-Officio's. That way the Commission can give these tools to them as well to spread information to their agencies.

### **V) Subcommittee Updates**

- Data Subcommittee
  - The Subcommittee has a new Co-Chair, Taino Palermo. Reginald Tucker- Seeley led a workshop meeting at the last Data Subcommittee meeting to initiate discussions for the definitions of Health Disparities, Health inequity, and Health Equity. The definitions are defined below. In addition to these definitions it was suggested to define Health In All Policies.

- **Health Disparity:** a difference in health status, health behavior, disability, morbidity or mortality between socio-demographic groups. The difference may or may not be statistically significant.
  - **Health Inequality:** a difference in health status, health behavior, disability, morbidity or mortality between socio-demographic groups, where the group with the highest “burden” (or rate) has historically and systemically been marginalized or discriminated against. This difference is viewed as avoidable, unnecessary, and unjust.
  - **Health Equity:** refers to the framework that attempts to eliminate health inequalities by ensuring that all individuals have the opportunity to achieve their full health potential. In particular, the goal of health equity is to increase the health capability of all individuals by focusing not only on one’s ability to achieve the best health possible but also the context in which that ability is expressed.
- In the recent meeting with Dr. Nichole Alexander Scott, the Co-Chairs talked about shorter Policy Briefs on the work done by CHAE.
  - Dr. AS thought it would be helpful to have terms that are consistent. The page includes the outline of the first policy brief. The second policy brief could be about how we measure the disparities and inequalities.
- Who is the audience for the Policy brief:
  - The first Policy brief is basically a 101 on Policy. We can decide what the intention is for the brief. We as the Commission set the tone for the Brief. This can be informational. We can have Policy Action Steps (ASKS).
  - Policy brief is a draft. We can have the cost brief that can come out later. That project (health costs) has been a project for the HEALTH.
- Policy Subcommittee
  - Policy Subcommittee meets once a month in person and has weekly phone meetings. Marcus mentioned that Policy is also working on the SIM grant with many of the recommendation. It was very significant for CHAE to engage with the SIM. Policy asked for data being pulled about disparities.
    - Reggie and Marcus did attend the last SIM meeting. One thing that jumped out was the Industry wide there was lack of definitions. That is our opportunity to jump at and provide these definitions. This will help standardize definitions.
      - We can focus on equity data collection. This paves the road for us.
        - We are still working on Health in All Policies. We are identifying the initial stage. First tier out reach, Second tier and agency. Chelsea is developing this list for us. Which will help us convey why Health in All Policy is important.
        - We are also working on engaging the Governor’s Support to issue this mandate. We can be successful and this will move us light-years.
    - Marcus: Eventually, We can do a Policy Brief for each Agency. This task is taxing and is more of a futuristic goal. We need someone to help rally within the agency. The heavy lifting is the economic data. Taino was sending national information to Reggie. Data and Policy are going to be very specific on the economic impact on Rhode Island. Once they get the information for economic, they need to figure out how it is mentioned at the national level and apply that to the Rhode Island data.
  - Community Engagement Subcommittee
    - Community Engagement Subcommittee has been working towards branding the Commission. They created a Facebook page and are currently working on the layout.

Once all the important information is put on it, the subcommittee will make the Facebook Public.

- A Google Drive was created for the Commission, which contains the important documents like meeting minutes from subcommittees, example policy briefs, and other documents. Kavita Patel mentioned that having access to the HEALTH website would be beneficial in the dissemination of CHAE activities.
- Julie mentioned that before Community Engagement just had flyers to inform the community. Now we need a different tool. The PPT will be a lot smaller which was done for the Equity Conference. We want to streamline the data. KidsCount would love to streamline data and would love to work with the Commission and push forth with the SIM grant. James Basley (RI KidsCount) is the Policy Analyst. KidsCount does a lot of information of Social Determinants of Health. There is a good alignment with Policy headlines. We should also consider the Economic Progress.
- Community Engagement wants to work with Policy to discuss the importance of policy impacting communities.

#### **VI) Ex-Officio Updates**

- Barbara Morin would like to present at the next meeting on highway pollutants

#### **VII.) Updates from HEALTH**

- Dr. Alexander-Scott appointed Reginald Tucker-Seeley to the Healthcare Innovation Committee and Marcus Mitchell to the SIM Measure Alignment Group.
- Dr. Alexander- Scott applauds the Commission for their goals and ideas. Dr. Alexander-Scott asked that Commission create a list with the pictures of the Commission members and their interests so she can better appoint people to positions that they would be interested in.
- Angela Ankoma made an announcement for the Black Sisters United Wellness Summit.
- Healthy Equity Zone grant was released. Reggie inquired how would the grantees get evaluated for reducing/ measuring inequality. Angie responded that Dora Dumont is working at looking at data from the past 5 years and seeing if there is a difference.
- Seema Dixit will not be the Chair for the Center for Health Disparities and Access to Care but has moved on to Center for Facilities Regulation.

#### **VIII.) Open Comments**